



AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

Name:	Employee ID#:
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<input type="checkbox"/> New Agreement	<input type="checkbox"/> Modify Existing Agreement
<input type="checkbox"/> Checking (attach voided check)	<input type="checkbox"/> Savings (attach blank deposit slip)
Financial Institution Routing #:	Account #:

I authorize the Athens Technical College to deposit 100% of my net pay directly to my account and to adjust any over/under deposit/funds transfer. I recognize that this/these transaction(s) shall be accomplished electronically. Additionally, I acknowledge that the responsibility of my employer to provide me with my net pay and/or other reimbursement shall be satisfied by Athens Technical College providing a correct credit entry consistent with the automatic service agreement (credits) between Athens Technical College and _____ (name of financial institution or debit card provider).

Should the Athens Technical College notify the financial institution(s)/debit card provider that funds to which I am not entitled have been inadvertently deposited/transferred to my account, I hereby authorize and direct the financial institution(s)/debit card provider to return said funds to Athens Technical College as soon as possible. I also agree to repay any funds deposited/transferred to my account(s) by Athens Technical College, but not earned by me as soon as possible after notification but no later than at the time of my termination from employment.

I understand that I am responsible for notifying the ATC Human Resources Department if I change financial institution(s) or debit card provider or, if I add a new direct deposit account, cancel an existing direct deposit account, or modify an existing direct deposit account (e.g., account number or routing number) or the amount deposited into said account(s) through the People Soft Employee Self Service Module under the Team Georgia Connection.

I further agree that if I have an active garnishment, I will not modify this agreement using the Employee Self Service Module until first notifying the Human Resources Department.

In signing this authorization for Direct Deposit, I understand that the following checks will **not** be automatically deposited into my account(s):

- First check following initial enrollment in the direct deposit program.
- As applicable, the first check after I initiate any change to my personal account(s), including a change of financial institution(s) or debit card provider.
- Any off-cycle check.

PLEASE ATTACH A VOIDED CHECK, BANK NOTIFICATION, AND/OR SAVINGS DEPOSIT SLIP HERE.

DO NOT ATTACH A DEPOSIT SLIP TO A CHECKING ACCOUNT

Employee Signature: _____ Date: _____